TRAVEL VOUCHER OR SUBVOUCHER Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in Remarks.															
1. PAY	MENT	REQUIRE	D BY (X one)	2. TYPE	OF PAYME	NT (X as	applicable)						3. FOR D.O. USE ONLY	_	
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E	_ ECTRO	ONIC FUN	D TRANSFER		OTHER			lember / mployee		Dep	endent(s)	DLA			
			e Initial) (Print o	r type)				GRADE	6.	SSN			b. SUBVOUCHER NUMB	ER	
7. Addres	s. a. NU	MBER AN	ID STREET		b. CITY	,			c. :	STATE	d. ZIP C	CODE	c. PAID BY		
8. TELEPHONE NUMBER (Include Area Code) 9. TRAVEL ORDER NUMBER						10. PR	10. PREVIOUS PAYMENTS ADVANCES								
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12. DEPE	NDENT	(S) (X ar	nd complete as	applicabl	e)			13. DE	PENDE	NTS.	ADDRESS C	N RECEIPT OF			
	CCOMF			Г	UNACCOM	PANIED		1 0	ORDERS (Include Zip Code)						
			iddle Initial)	b. RELA	TIONSHIP	c. DATE	OF BIRTH								
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				†											
				1						HÖLD	OLD GOODS BEEN SHIPPED?				
				t				1 "	(X one) YES		NO (Explain in Remarks)		d. COMPUTATIONS		
15. ITINE	BARY														
a. DATE	b. L	OCAL		c. PLA	CE		d.	e.	f. NUI	MBER	OF MEALS		<i>*</i>		
19	TIM	E (24 our)	(Home, Off. State;	ice, Base, City and	Activity, City County, etc.)	/ and	MEANS/ MODE OF TRAVEL	REASON FOR STO	P (1)	(2)	g. POC			
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	ARR												(3) Mileage		
16 REIM		BLE EXP	FNSES			-		1	-	17.	LEAVE		(4) Dependent Travel		
a. DAT			b. NATURE OF	F EXPENS	SF	_ A	MOUNT	d. ALLC	WED	•	. DAYS	b. HOURS	(5) DLA	\dashv	
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18. POC TRAVEL				L NESS	PASSEN				19. GOVERNMENT TRANSPORTAT AUTHORIZATION (MTA)		TOTAL TILLEGUEST (GTN)/ MILI	- CLIT			
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21.a. CLAIMANT SIGNATURE b. DATE								22.a. APPROVING OFFICER SIGNATURE			E	ľ	. DATE		
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		1			POSTE	D BY	•								

PRIVACY ACT STATEMENT

AUTHORITY:

5 USC 5701, 37 USC 404-427, and EO 9397.

PRINCIPAL PURPOSE(S): Used for reviewing, approving, accounting and disbursing for official travel. SSN is used to maintain a

numerical identification system for individual claims.

ROUTINE USE(S):

To susbtantiate claims for reimbursement for official travel.

DISCLOSURE:

Voluntary; however, failure to furnish information requested may result in total or partial denial of amount

claimed.

PENALTY STATEMENT

There are severe criminal and civil penalties for knowingly submitting a false, fictitious, or fraudulent claim (U.S. Code, Title 18, Sections 287 and 1001 and Title 31, Section 3729).

INSTRUCTIONS

REQUIRED ATTACHMENTS

- Original and/or legible copies of all travel orders and ammendments, as applicable.
- Two copies of dependent travel authorization if issued.
- Copies of secretarial approval of travel if claim concerns parents who either did not reside in your household before their travel and/or will not reside in your household after travel.
- Copy of GTR or ticket used
- Hotel/motel receipts and any item of expense claimed in 5. excess of \$25.00.
- Other attachments will be as directed.

DEDUCTIBLE MEALS

Meals consumed by a member/employee when furnished with or without charge incident to an official assignment by sources other than a government mess (see JFTR, Vol. 1 App. A and JTR, Vol. 2 App. D for definition of deductible meals). Meals furnished on commercial aircraft or by private individuals are not considered deductible meals.

ITEM 15. ITINERARY - SYMBOLS

15d. Means / Mode of travel (Use two letters)

GTR/TKT	- T	Automobile	- A
Government Transportation	- G	Motorcycle	- M
Commercial Transportation	- C	Bus	- B
(Own expense)		Plane	- P
Privately Owned Conveyand	e	Rail	- R
(POC)	- P	Vessel	- V

15e. Reason for Stop

Awaiting Transportation - AT Leave En Route - LV - MC Mission Complete **Authorized Delay** - AD Temporary Duty - TD

15f. Number of Meals

Dinner-D Breakfast-B Lunch-L

30. REMARKS